

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

101529,503

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5							55					
6	3						56					
7	3						57					
8	2						58					
9	3						59					
10	3						60					
11	/						61					
12	/						62					
13	/						63					
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15	/						65					
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18	/						68					
19	/						69					
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21	/						71					
22	/						72					
23	/						73					
24	1						74					
25							75					
26							76					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	31						Total Depend					
Total Claims	33						Total Claims					

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